



NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

SUMMARY OF CHANGES
AR 613 – ACCESS TO CARE
Effective PENDING

Description	Page Number
Minor changes have been made in formatting and verbiage for improved clarity and consistency.	1-3

James E Dzurenda, Director

Date

This summary of changes is for training record purposes only. You must also consult the Administrative Regulation and/or Manual for proper instructions.

I, _____, acknowledge receipt of this Summary of Changes and understand it is my responsibility to implement into the course of my duties.

Signature

Date



NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION 613

**ACCESS TO CARE
ADMINISTRATIVE REGULATION – 613**

SUPERSEDES: AR 613 (Temporary10/12/11); AR 613 (06/17/12)

EFFECTIVE DATE: PENDING

AUTHORITY: NRS 209.131; NRS 209.381

RESPONSIBILITY

The Director of the Nevada Department of Corrections (NDOC and Department) is responsible for the implementation of this Administrative Regulation (AR).

The Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

The Associate Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

Supervisors will ensure that their appropriate subordinate staff members have read and understand this regulation.

Designated staff members will know, comply with, and enforce this regulation.

If, and where applicable, offenders will know and comply with this regulation.

613.01 OFFENDER ACCESSIBILITY TO HEALTH CARE

1. Health care services will be accessible to all offenderinmates to meet their serious medical, dental, and mental health needs.
 - A. OffenderInmates housed in segregation units will not forfeit the right of access to health care services.

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- B. At the time of admission to an institution, each offender-inmate will receive written and verbal instructions explaining access to health care services by designated medical staff.
 - C. The health care complaints of offenders~~inmates~~ will be processed, reviewed, and responded to daily by trained medical personnel according to priority of the need.
2. Inmates Offenders Right to Privacy; Informed Decisions, and Consent
 - A. All employees involved in the delivery of health services within the Department will treat all offenders who are receiving health care with professional consideration for their dignity.
 - B. Offenders ~~Inmates~~ will be informed of the medical treatment and procedures to be performed and their consent will be obtained prior to its initiation.
 - C. In life threatening situations where consent cannot be obtained prior to the initiation of treatment to sustain life, emergency treatment may be initiated without consent.
 3. Informing ~~offenders~~inmates about access to treatment
 - A. The institution/facility will have a written procedure outlining access to health care services.
 - B. Upon arrival at the given institution ~~inmates-offenders~~ shall receive a verbal briefing or written orientation as to the availability of and how to apply request for health services.
 - C. Written instructions concerning access to health care will also be provided to each ~~inmates-offenders~~ upon entry to the institution.
 4. Health Care for ~~inmates-offenders~~ in Segregation
 - A. Segregated housing areas will be visited each day by a nurse to observe the ~~inmates-offenders~~ and collect any medically related kites.

613.02 OUTSIDE MEDICAL TREATMENT

1. All of the institutions non-emergency referrals should be in keeping with the Department's security requirements.
 - A. Any out-of-institution consultation or treatment must have prior approval of the Utilization Review Panel, excepting emergencies.
 - B. In the case of an emergency, a full explanation should be provided to the Medical Director/designee the next working day.

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2. Out-of-institution diagnostic and therapeutic services not available in the institutions may be requested by an institutional practitioner (physician/mid-level practitioner) or dentist.
 3. For security reasons, offenders inmates are not permitted to know either the time or date of an outside appointment.
 4. The second opinion concept will be used as necessary to resolve borderline cases with the concurrence of the Medical Director.
 - A. Telephone consults or transfer of diagnostic data should be utilized when feasible.
 - B. Non-emergency visits to offsite medical services must be approved by the Utilization Review Panel.
 5. Inmates-Offenders returning from community hospitals should be cleared by medical staff prior to return to original housing in order to review the offender's inmate's condition, transfer, and medical orders.

APPLICABILITY

1. This regulation requires a Medical Directive for access to health care services.
- ~~1.2.~~ This regulation requires an Operational Procedure for all institutions with health care services.
- ~~2.3.~~ This regulation requires an audit.

REFERENCES

ACA Standards 5th Edition 5-ACI-6A-01; National Commission on Correctional Health Care Standards, 2018: P-A-01, P-D-05, P-E-01, P-E-07 NCCHC, 2018.
and ACA Standards 5th Edition, March 2021: 5-ACI-6A-01.

Joseph Benson, Acting Medical Director

Date

James E. Dzurenda, Director

Date